

# Palo Alto's Work to Improve Tricare Billing Process

VA Palo Alto Health Care System  
Business Office

Presenters

Jean Parsons

Sharlene Del Rosario

Li Cai

# OVERVIEW

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- Tricare Billing Process
- Changes
- Future Projects

# TRICARE BILLING PROCESS

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- Work closely with A&E on identifying Active Duty patients
- TBI, SCI, Blind Rehab, and PTSD admission coordinators as well as Polytrauma Network Site staff notifies UR when an Active Duty patient will be transferring to facility or receiving outpatient care
- Insurance Verification verify and load Tricare policy
- UR obtains authorization and reviews discharge summary to determine rates for billing

# ESTABLISHING CLAIMS

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- Check patient insurance
- Check IR for UR comments/authorizations
- Check PTF to see if it is closed
- Check patient bed section
- Start bill
  - Identify rates to bill (DRG vs. Reasonable Charges vs. Pier Diem vs. CMAC)
  - Use of specific Revenue Codes associated with bed sections
  - Send claims electronically.

# CHANGES

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- Implemented changes identified through Sharing Office/Tricare/CBO site visit in June 2008
- Entering in all Tricare insurance policies
- UR Nurses/staff use VIS and/or Tricare website to determine status of patient
- Accounting Technicians obtains Auths on prosthetics for inpatient Active Duty DoD
- UR reviews discharges daily and forwards to Coding
- PTSD sends information to UR on pending Active Duty admissions

# CHANGES Continued...

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- Adherence to per diem rates
- Billing Reports
  - Veterans with Reimbursable Insurance and Inpatient Discharge Report
  - SC/NSC Report (Fileman)
- Electronic Billing Process
- Contract to bill RXs to Express Scripts (includes Active Duty)
- One dedicated AR Follow-up Staff to communicate issues to UR and Billing

# FUTURE PROJECTS

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- Obtaining per diem rate for Transitional Bed (PTRP) program
- UR clerical staff will follow-up on Tricare claims
- Setting up e-Pharmacy for Tricare Express Scripts claims

# CONCLUSION

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- Improvement in Billing process was accomplished by establishing processes for communication with staff in the front-end and providers and Revenue Office. This improvement in communication was key in our ability to create a clean and accurate bill.